



Timothy P. Meier
For: Identification Card Reader
Our Docket No.: 283-304
Telephone: (315) 425-9000

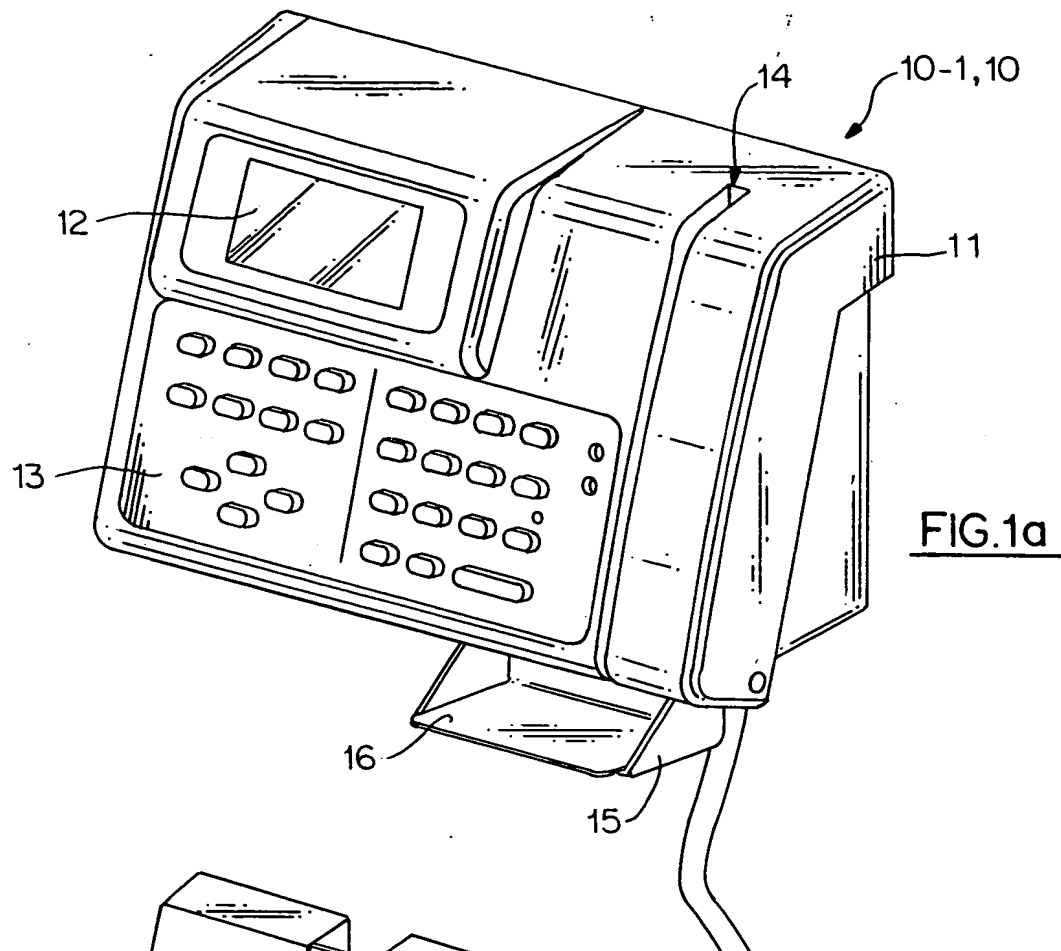


FIG. 1a

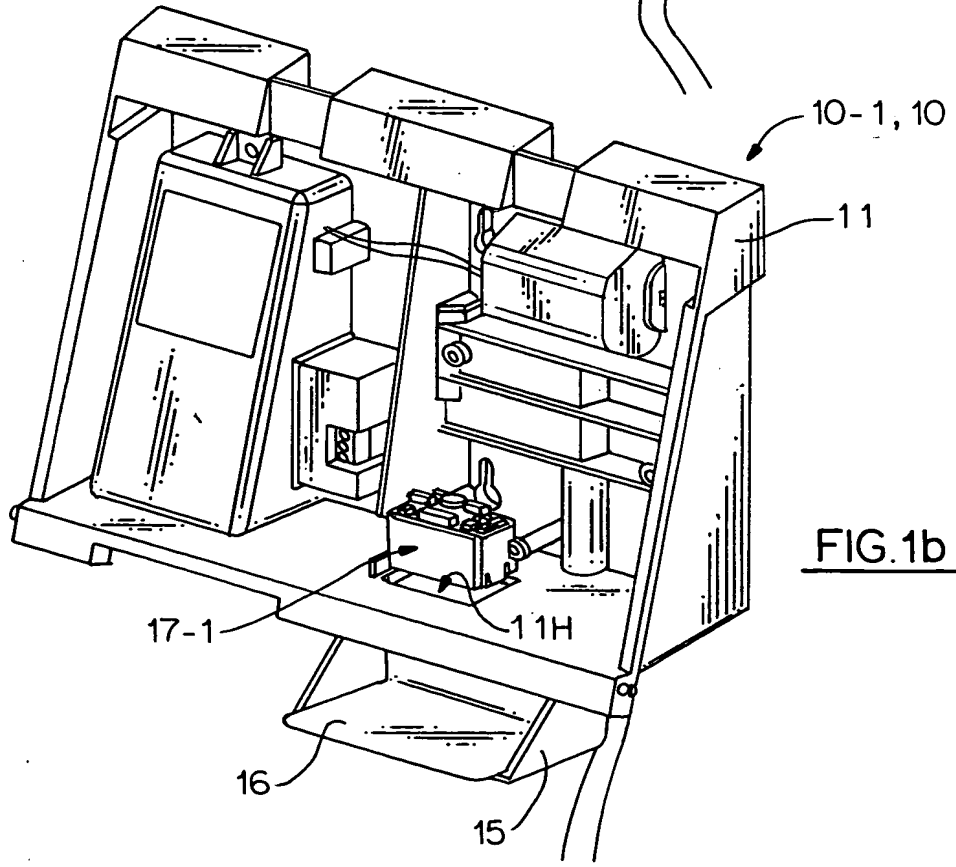


FIG. 1b

O I P E J C 7 1
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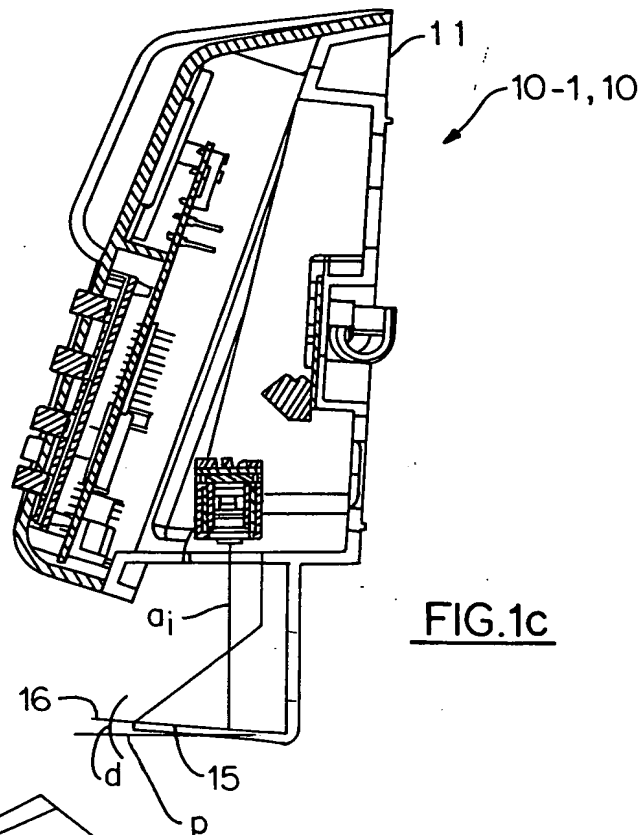


FIG.1c

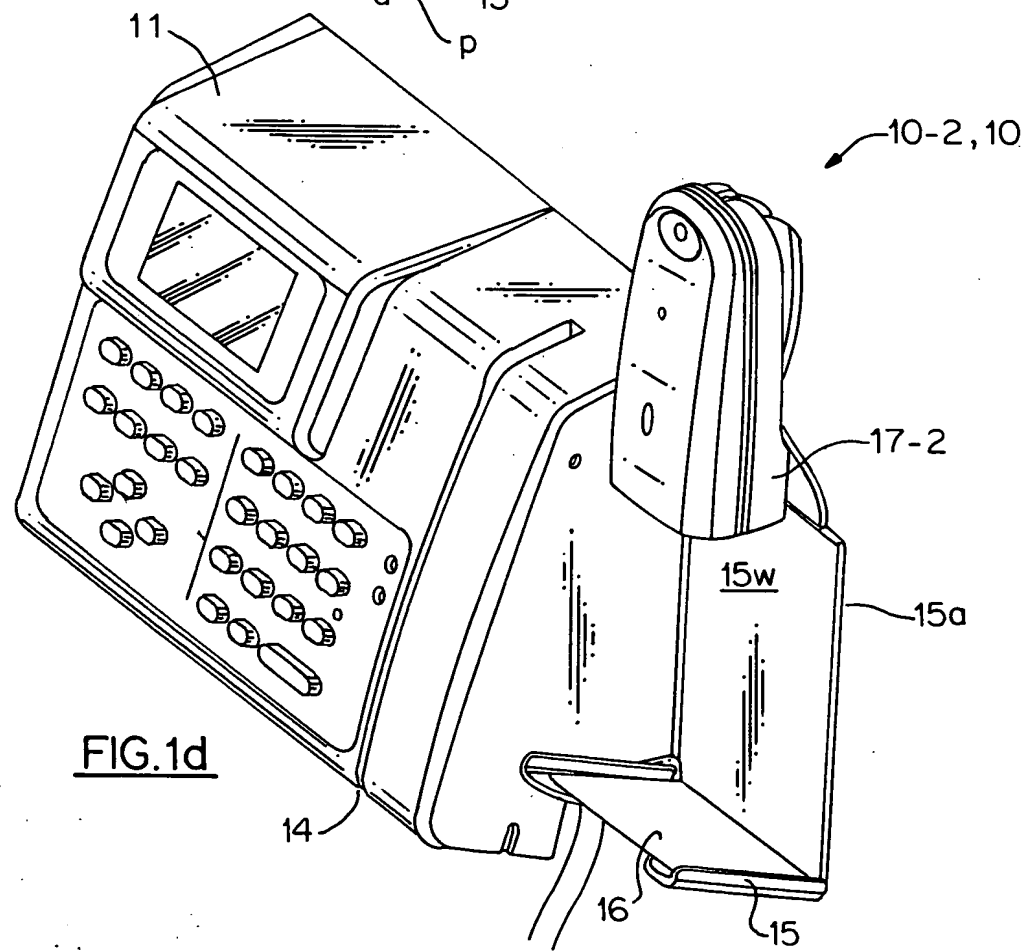


FIG.1d

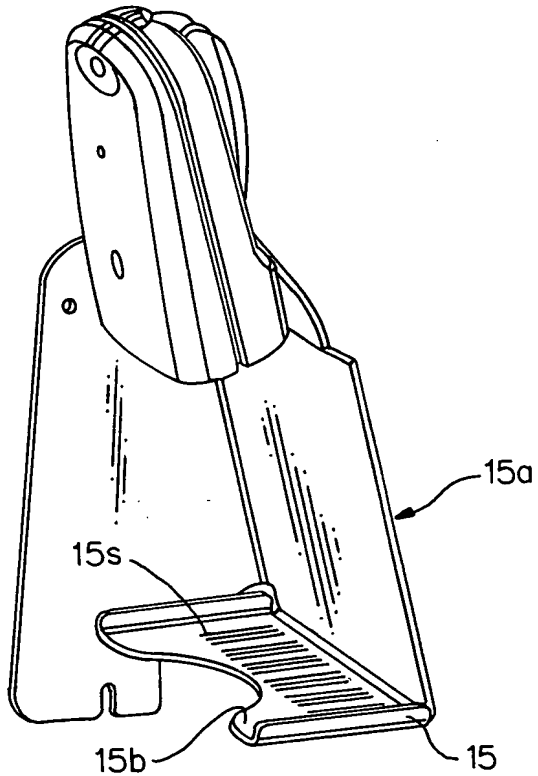


FIG. 1e

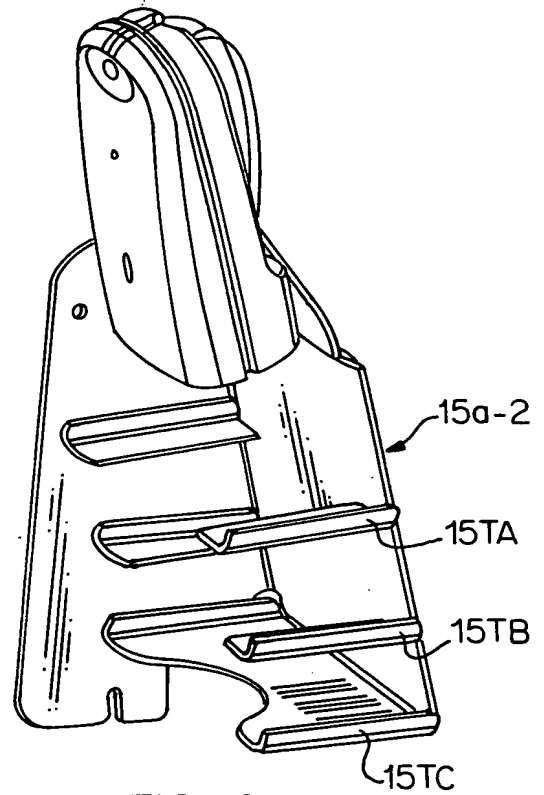


FIG. 1f

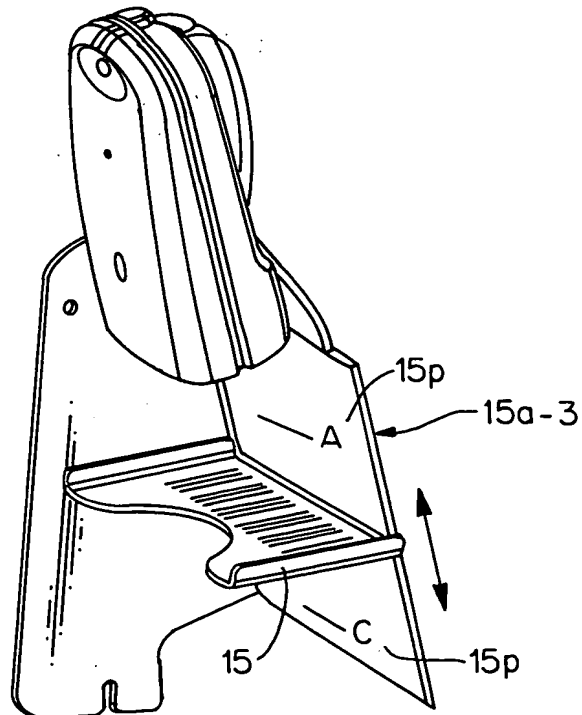


FIG. 1g



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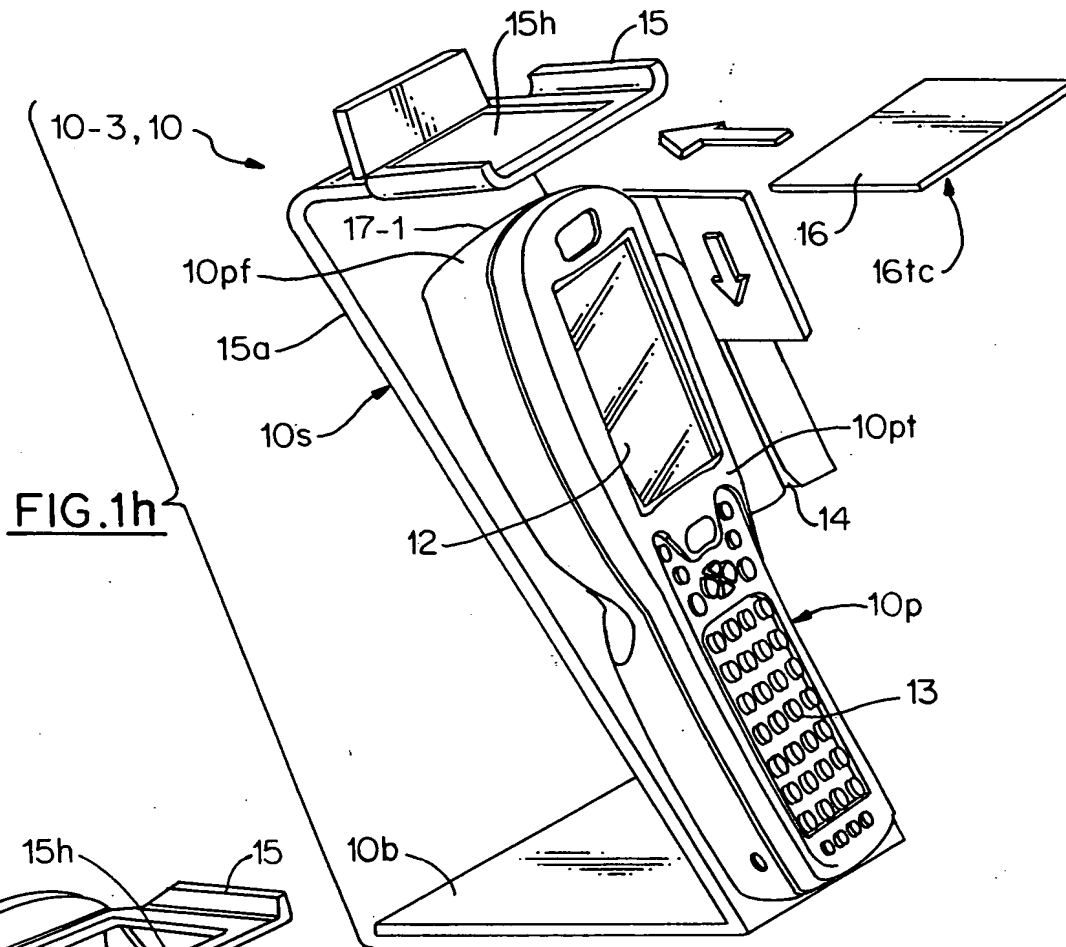


FIG. 1h

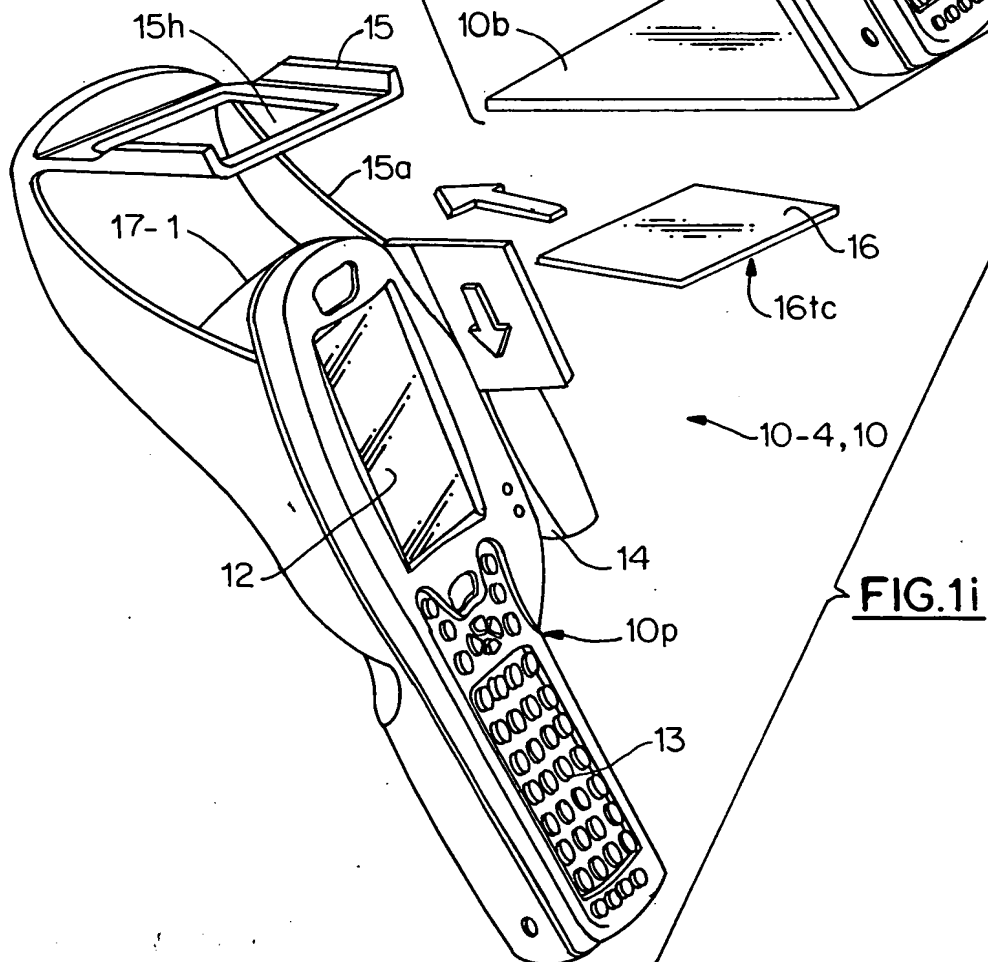


FIG. 1i



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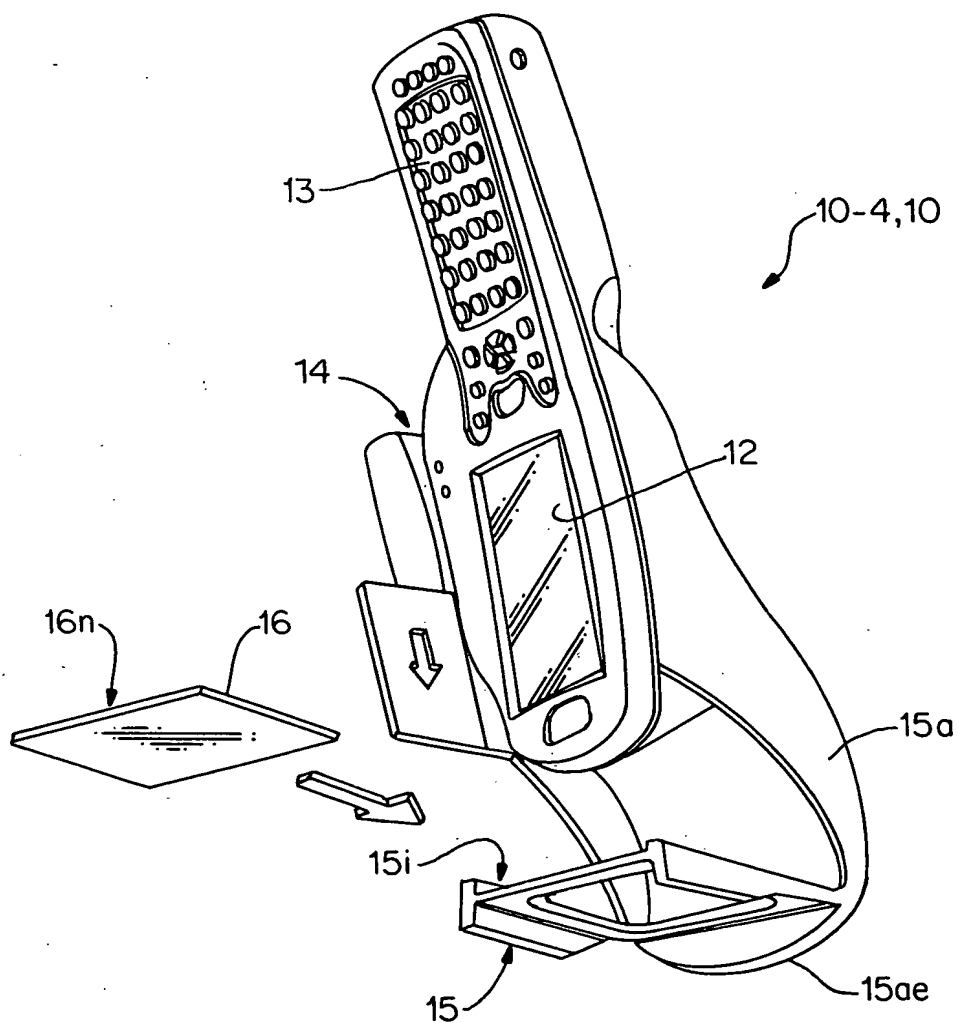
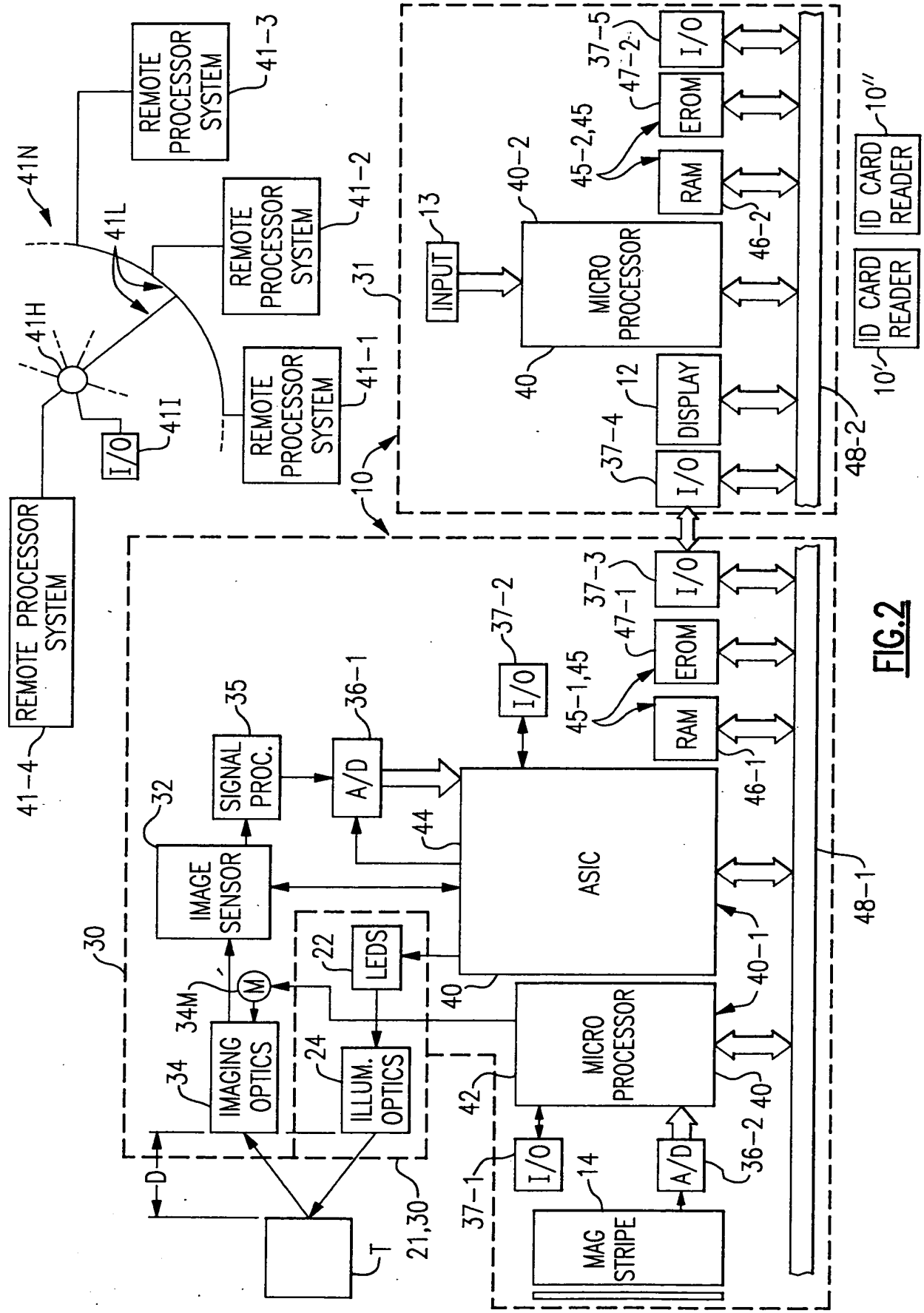


FIG.1j






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16

NEW YORK STATE
ID 123 456 789 IDENTIFICATION CARD

16P  16F

DOB 01/01/50
DOE, JOHN D.
101 Maple St.
Syracuse, NY 13203
Sex: M Eyes: Bl Ht: 5'11" 16t

Signature John D. Doe 16SG

FIG.3a

16

16B

ENDORSEMENTS:
(NONE)

RESTRICTIONS:
CORRECTIVE LENSES

This Address change takes effect only 10 days after 10 days.

16S2

ORGAN DONOR INFORMATION

I HEREBY MAKE AN ANATOMICAL GIFT,
TO BE EFFECTIVE UPON MY DEATH, OF:

A. ☐ ANY NEEDED ORGANS OR PARTS
B. ☐ THE FOLLOWING BODY PART(S) _____
C. ☐ LIMITATION(S) _____

SIGNATURE: _____
WITNESS: _____
DATE: _____

16S1

FIG.3b

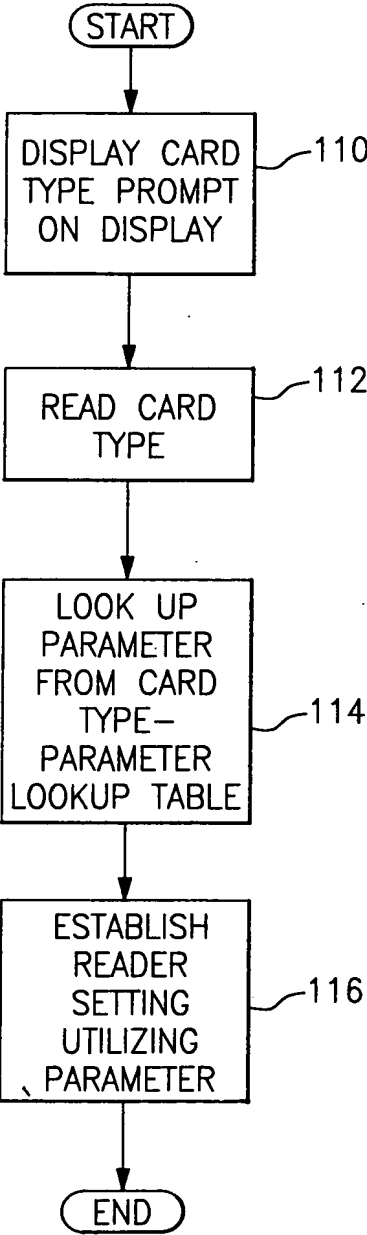


FIG. 4a

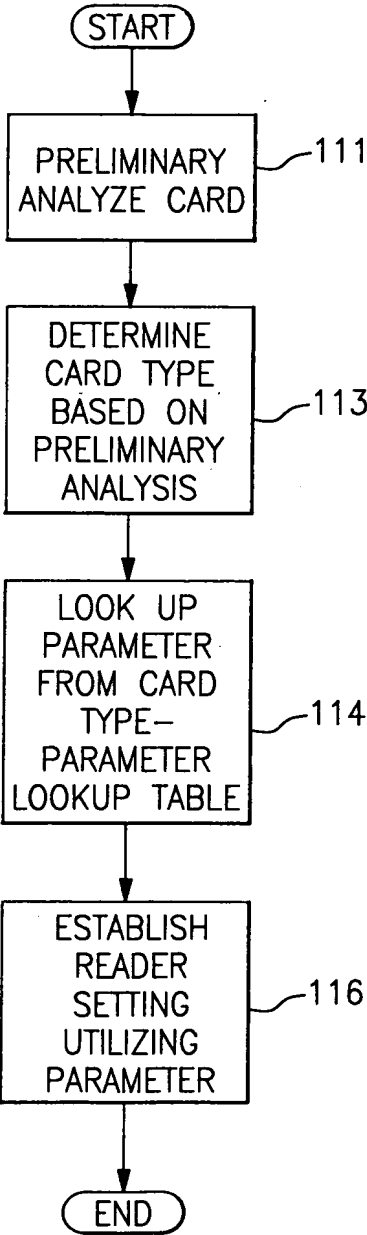


FIG. 4b



FIG.4c

